

# INFLUENCE OF RELIGIOSITY ON WELL-BEING AMONG LITERATE AND ILLITERATE PERSONS

*Masaud Ansari, PhD Research Scholar*

Department of Psychology, Aligarh Muslim University, Aligarh, India

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## Abstract

The present investigation was intended to ascertain the influence of Religiosity on Well-being. The sample consisted of hundred Literate and hundred Illiterate participants, they were assessed by Religiosity Inventory (Deka and Broota, 1985) and Well-Being Inventory (Jagsharanbir Sing and Dr. Asha Gupta, 2001). Simple Linear Regression was applied to examine the Correlation between Religiosity and Well-being as well as influence of religiosity on well-being, whereas correlation was found to be  $R=.437$  and  $R$  Square Change was 19.1% which represent the contribution of predictor variable in Literate group while among Illiterate group correlation was found to be  $R=.159$  and  $R$  Square Change was found to be 2.5% which represent the actual contribution of predictor variable in Illiterate group. The correlation between Religiosity and Well-being with its five dimensions i.e. Physical, Mental, Social, Emotional and Spiritual Well-Being among Literate and Illiterate persons was studied. The findings showed that Religiosity in Literate group was found significantly correlated with Physical and Spiritual Well-Being, and others were insignificantly correlated, whereas in the Illiterate group Social Well-Being was found significantly correlated with Religiosity, and others dimensions were insignificantly correlated. Further t-test was administered where it was found that there were significant differences between Religiosity of Literate and Illiterate group as well as Well-being of both groups. Regarding implication of the study there should be provision in schools and educational systems for learning as well as awareness programs for Illiterate individuals towards literacy through which they can learn things independently in a broader way, and will not face any hurdle at any stage of their lives.

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**Keywords:** Religiosity, Well-Being, Literate and Illiterate Individuals

## Introduction

According to Merriam (19 Aug. 2014) Literacy is the ability to read and write. The inability to do so is called illiteracy. Literacy plays a very important role in terms of learning and understanding of the world as

well as different types of literature either related to human being itself or religion, and this literature influences significantly to their thinking patterns. These literatures also contribute to inculcate morality and discipline in individuals. While those who are illiterate they cannot read themselves and they are unable to learn the things, due to various limitations, they have lack of knowledge and information; it means that education has its important impact on human life. So, these variations divert the interest towards assessing their well-being and religiosity.

### **Religiosity**

Religiosity can be defined as one's relationship with a particular faith tradition or doctrine about a divine other or supernatural power (Reich, Oser, & Scarlett, 1999).

Religiosity, in its broadest sense, is a comprehensive sociological term used to refer to the numerous aspects of religious activity, dedication, and belief (religious doctrine). Another term that would work equally well, though less often used, is *religiousness*.

### **Well-Being**

According to Angner (2008), even the philosophical literature refers to the 'simple notion' of well-being (i.e. 'a life going well') in a variety of ways, including a person's good, benefit, advantage, interest, prudential value, welfare, happiness, flourishing, eudemonia, utility, quality of life, and thriving.

Gough et al (2007) defined well-being as 'What people are notionally able to do and to be, and what they have actually been able to do and to be'.

McAllister (2005) defined well-being as More than the absence of illness or pathology [...with] subjective (self-assessed) and objective (ascribed) dimensions. It can be measured at the level of individuals or society [and] it accounts for elements of life satisfaction that cannot be defined, explained or primarily influenced by economic growth (p. 2) (Camfield, Streuli, & Woodhead, 2010).

As a Novice to research, the researcher was curious to know that how much their (Illiterate persons) Well-Being is similar or dissimilar with literate persons. Therefore, the purpose of this study is to test, to what extent Religiosity influences the Well-Being of Literate and Illiterate individuals and how these variables are correlated to each other. The study of Religiosity and its influence on Well-Being is still an evolving field. The purpose of this study is two folded: (1) to determine the effect of religiosity on Well-Being and (2) to study the relationship between Religiosity and Well-Being; and, in particular, to determine if the relation in the Literate population is different or similar in comparison to Illiterate group.

## Review of Literature

In general, researchers have found religiosity to be positively related to higher levels of well-being, including positive self esteem, job satisfaction, general happiness, and life satisfaction (Clemente and Sauer, 1976; McCann, 1962), and being religious is also associated with active and effective coping with problems and crises, such as a terminal illness (Pargament, 1997; Tix and Frazier, 1998). For physical health, religious involvement has been linked to lower rates of a myriad of problems, including cardiovascular disease, hypertension, certain types of cancer, and even mortality (Barkan and Greenwood, 2003). For mental health, religious involvement seems to influence higher levels of psychological well-being such as life satisfaction and happiness, and to also influence lower rates of mental health problems such as depression and anxiety (Levin, et al, 1994, Levin and Chatters, 1998; Barkan and Greenwood, 2003). Religiosity includes showing belief in and reverence for God or a deity, as well as participation in activities pertaining to that faith such as attending services/worship regularly and participating in other social activities with one's religious community. Religiosity has been linked to a greater sense of well-being in late adulthood as well as to the ability to better cope with stressful events in middle adulthood (Koenig, 2001 & Santrock, 2002). Religion is found to be a bigger contributing factor to older people's sense of well-being than to younger people, which is consistent with the findings in North America (Blazer and Palmore, 1976; Hunsberger, 1985). Religious practices and beliefs often play a role in understanding oneself and the world especially when given meaning and value for the relation between oneself, others, surrounding environment and existence (Canda, 1989).

Scholars have suggested that religious involvement promotes individuals well-being by providing them access to social support, a source from which to cultivate soul identity, as well as a factor that encourages individuals to avoid negative health behaviors (George, Ellison, & Larson 2002). Attendance in religious practices has also been linked to better physical health (Larson & Larson 2003; Ellison et al. 2001; Strawbridge et al. 2001). Salience of religious identity has been linked to both mental well-being (Greenfield, & Marks 2007; Keyes & Reitzes 2007; Pargament et al. 2001; Schnittker 2001; Ellison 1991; Peterson & Roy 1985) and physical health (Wink et al. 2005). Religiosity may have stronger positive effects on mental health among people confronting higher levels of stress.

Perhaps the most comprehensive review of the field was the meta-analysis of 200 psychiatric and psychological studies published through 1989, in which the similar conclusion of a positive relationship between religiosity and well-being (Larson et al, in Ellison & Levin, 1998) identified. In 1992, Larson reported that of the 50 studies that reported relationships

between religiosity and mental health, 74% reported a positive relationship, 16% reported a negative relationship, and 6% reported a neutral relationship (Larson in Hackney & Sanders, 2003). A rare longitudinal study followed the same persons; there are a variety of patterns of religious transitions during the life course. For some people there is a high degree of stability (no change), but for others religiosity may increase, decrease, or show a curvilinear trajectory (Ingersoll-Dayton, Krause, & Morgan, 2002). Religion can have both a negative and/or positive influence on health outcomes, depending on the meaning that the individual assigns to the religious belief. In a 1996 study by Flaskerud and Nyamathi, with a 40% Mexican American sample of 216 participants, the subjects assigned a different meaning to divine intervention in relation to health challenges. The researchers noted that the subjects consistently expressed a need to rely on God for health improvement and made specific requests to saints for their intercession in the amelioration of pain and other symptoms (Flaskerud & Nyamathi, 1996).

It is particularly noteworthy, however, that other studies have failed to find an association between religiosity and SWB (Francis, Ziebertz, & Lewis, 2003; Lewis, 2002; Lewis, Lanigan, Joseph, & de Fockert, 1997; Lewis, Maltby, & Burkinshaw, 2000; O'Connor, Cobb, & O'Connor, 2003; Snoep, 2008). In the same vein, based on the research findings on happiness and religion stored in the World Database of Happiness (Veenhoven, 2002) (in particular subject R 1.6.2 "Self definition as religious"), there are many studies that found no association between religiosity and SWB, whereas others found negative correlation. More specifically, many studies have demonstrated a positive correlation between religiousness and mental health (Bergin, 1983; Gartner et al., 1991; Ventis, 1995). Other studies have approached these relationships from diverse conceptualizations of well-being, including physical health (Dull and Skokan, 1995; Ellison and Levin, 1998; Koenig et al., 1998), and marital stability (Call and Heaton, 1997; Lehrer and Chiswick, 1993), and substance non-abuse and recovery (Benson, 1992; Cochran et al., 1988). Religious involvement may affect the individual's health, as religious norms against smoking and drinking are likely to, among others, lower cancer rates (Levin and Vanderpool, 1991). Results of the 1997 Gallup survey, a study by Won Gue Lee (1991) also shows that religious individuals feel a slightly higher level of satisfaction overall than their nonreligious counterparts.

In the above studies, religious beliefs and involvement are found to promote better health, inspire constructive coping mechanisms, enhance marital stability and family affinity or cohesion, and/or furnish hope and optimism in bad circumstances.

## **Objectives**

- To study the influence of Religiosity on Well-being among Literate and Illiterate individuals.
- To examine the relationship between Religiosity and the different dimensions of Well-being, i.e. Physical Well-Being, Mental Well-Being, Social Well-Being, Emotional Well-Being and Spiritual Well-Being among both groups.
- To assess the difference between Religiosity as well as Well-being among Literate and Illiterate groups.

## **On the basis of literature review it was hypothesized that**

- There will be a significant influence of Religiosity on Well-being among Literate and Illiterate groups.
- There will be relationship between Religiosity and Well-being as well as the different dimension of well-being, i.e. Physical Well-being, Mental Well-being, Social Well-being, Emotional Well-being and Spiritual Well-being.
- There will be significant difference between Religiosity as well as Well-being of Literate and Illiterate individuals.

## **Methodology**

### **Sample**

Participants: Sample of the study consisted of 200 participant's age range 22 to 35. They were selected by cluster sampling technique from the different residential halls where individuals were already clustered in pre-existing groups and the researcher randomly selected the group from AMU Aligarh.

## **Measures**

### **Religiosity Inventory**

The Religiosity Inventory designed in India by Deka and Broota (1985) consists of 44 items which measure the level of religious faith and belief in the local language. For example, the first item is "heaven and hell do not exist, these are only imaginations of the mind" and the second item is "A good person is only one who has full faith in God". For each item, the subject has to specify if he or she strongly agrees, agrees, does not know, disagrees or strongly disagrees with statement. Each response is accordingly scored from 1 to 5. The final inventory consists of 44 items out of which 25 are positive and 19 negative. The total score ranges from 44 to 220. The division of subjects into those with high religiosity and those with low religiosity is done on the basis of a central score of 140. An advantage with the inventory is that its items are not specific to any religion and hence can

be used for all religious groups. The reliability and validity of the final inventory has been established. The reliability co-efficient of 0.96 indicated that the inventory has a high reliability. The inventory has been cross-validated on a sample of college students belonging to four different religious groups: Muslims, Christians, Jains and Hindus.

### **Well-Being Inventory**

This Inventory was developed by Jagsharanbir Sing and Dr. Asha Gupta, (2001). It consisted of five sub-inventory namely-Physical Well-being, Mental Well-being, Social Well-being, Emotional Well-being and Spiritual Well-being. Each sub-inventory has ten items and there are 50 items in total. Scores on all the sub-inventory are added up to get a composite score as total well being. Minimum and maximum score can be 50 and 250 respectively. Only 10-15 minutes are required to administer the well being inventory. It consist 29 positive items and 21 negative items. Reliability: Test-retest reliability of the inventory was 0.98 and split half reliability was found 0.96. Validity: Content and concurrent validity of the Well being Inventory was established. Concurrent validity of the scores of well being inventory was determined by comparing it with the scores of Subjective Well-being Inventory Sall and Nagpal (1992). Correlation between subjective well being inventory and physical well being, subjective well being inventory and social well being, subjective well being inventory and emotional well being, subjective well being inventory and spiritual well being and subjective well being and total well being were -0.45, 0.87, -0.90, 0.28, 0.18 and 0.53 respectively.

### **Procedure**

The respondents were individually approached and asked to complete the questionnaire of religiosity and well-being (literate group) and the participants were told to read the instruction carefully and give their responses while illiterate group respondents were told all the questions of both the inventories verbally as according to given instructions. All the respondents were also told that their anonymity will be preserved and their responses will be confidential. After that questionnaires were collected from the respondents and scored manually.

### **Statistical Analysis**

In order to meet the research objectives data was analyzed; Simple Linear Regression was administered to examine the influence of Religiosity on Well-being and to study the correlation; between Religiosity and different dimensions of Well-being Pearson Product Moment Correlation was applied.

Further t-test was computed for the comparison of Religiosity as well as Well-being of both groups.

## Results and Discussion

Table: 1- show simple Linear Regression analysis, Religiosity as a predictor of Well-being among Literate individuals.

**Model Summary**

Model	R	R Square	Adjusted R Square	Change Statistics R Square Change
1	.437 <sup>a</sup>	.191	.183	.191

a. Predictors: (Constant), Religiosity Literate

The table-1 shows the Model Summary indicating one Predictor of the model, in which correlation between Religiosity and Well-being was found to be  $R=.437$ , and  $R\text{ Square}=.191$  which represents the actual contribution of Religiosity to Well-being, the real covariance magnitude of Predictor variable: Religiosity which contribute to the Criterion Variable: Well-being came out as 19.1%.

Table: 2- show the Coefficients details of Religiosity and Well-being among Literate Individuals.

**Coefficients<sup>a</sup>**

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	61.407	23.945		2.565	.012
	Religiosity Literate	.564	.117	.437	4.811	.000

a. Dependent Variable: Well Being Literate

The Value of Beta = .437 which indicates that Religiosity has positive and significant correlation with Well-being among Literate Individuals. The relationship between these two variables represents linear correlation; it means that when Religiosity increases Well-being also increases and when Religiosity decreases then Well-being also decreases.

The Statistical value given in the table-2 indicates that  $t = 4.811$  is significant for Religiosity which means that Religiosity has its significant influence on Well-being.

Table: 3- show simple Linear Regression analysis, Religiosity as a predictor of Well-being among Illiterate individuals.

**Model Summary**

Model	R	R Square	Adjusted R Square	Change Statistics R Square Change
1	.159 <sup>a</sup>	.025	.015	.025

a. Predictors: (Constant), Religiosity Illiterate

The table-3 represents the Model Summary indicating one Predictor of the model, in which correlation between Religiosity and Well-being was found to be  $R=.159$ , and  $R\text{ Square}=.025$  which represents the actual contribution of Religiosity to Well-being, the real covariance magnitude of Predictor variable: Religiosity which contribute to the Criterion Variable: Well-being came out as 2.5%.

Table: 4- show the Coefficients details of Religiosity and Well-being among Illiterate Individuals.  
Coefficients<sup>a</sup>

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	112.490	26.718		4.210	.000
	Religiosity Illiterate	.223	.140	.159	1.598	.113

a. Dependent Variable: Well Being Illiterate

The Value of Beta = .159 which indicates that Religiosity has positive but in significant correlation with Well-being among Illiterate Individuals.

The Statistical value given in the table-4 indicates that  $t = 1.598$  is insignificant for Religiosity which means that Religiosity has its insignificant influence on Well-being.

Table: 5- show within Group Correlation between Religiosity and different dimensions of Well-being among Literate Group.

CORRELATIONS					
	Physical Well-Being Literate	Mental Well-Being Literate	Social Well-Being Literate	Emotional Well-Being Literate	Spiritual Well-Being Literate
Religiosity Literate Group	.276**	.133	.092	.093	.462**
N 100					

\*\*. Correlation is significant at the 0.01 level (2-tailed).

\*. Correlation is significant at the 0.05 level (2-tailed).

The Religiosity in Literate group significantly correlated with Physical ( $r=.276$ ) and Spiritual Well-Being ( $r=.462$ ), while Mental ( $r=.133$ ), Social ( $r=.092$ ) and Emotional Well-being ( $r=.093$ ) are insignificantly correlated.



Table: 6- show within Group Correlation between Religiosity and different dimensions of Well-being among Illiterate Group.

**CORRELATIONS**

	Physical Well-Being Illiterate	Mental Well-Being Illiterate	Social Well-Being Illiterate	Emotional Well-Being Illiterate	Spiritual Well-Being Illiterate
Religiosity Illiterate Group	.111	.176	.362**	.053	.125
N 100					

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\*. Correlation is significant at the 0.05 level (2-tailed).

The Religiosity in Illiterate group significantly correlated with Social Well-Being ( $r=.362$ ) while Physical ( $r=.111$ ), Mental ( $r=.176$ ), Emotional ( $r=.053$ ) and Spiritual Well-Being ( $r=.125$ ), are insignificantly correlated.

Table: 7- show the Religiosity mean difference between Literate and Illiterate group.

<b>RELIGIOSITY</b>					
Groups	N	Means	SDs	SE <sub>D</sub>	t-value
Literate Group	100	176.50	11.64	1.37	15.57**
Illiterate Group	100	155.16	7.36		

\*\*Significant at the 0.01 level (2-tailed)

Table-7 represents the significant difference (t-value 15.57, 0.01) between Religiosity of both groups.

Table: 8- show the Well-being mean difference between Literate and Illiterate group.

<b>WELL-BEING</b>					
Groups	N	Means	SDs	SE <sub>D</sub>	t-value
Literate Group	100	204.24	9.03	1.05	12.50**
Illiterate Group	100	191.23	5.26		

\*\*Significant at the 0.01 level (2-tailed)

Table-8 represents the significant difference (t-value 12.50, 0.01) between Well-being of both groups.

Physical wellbeing of literate persons significantly and positively correlated with religiosity. As we know that Literate person are having more information about the religion as well as the things around them and they are more sensitive for everything. Where physical well-being is concerned; they are more conscious about their health as compared to Illiterate persons. The knowledge about religion helps them to take part in religious practices and it influences their physical health. That is why Literate persons are having better physical well-being. Larson & Larson (2003); Ellison et al. (2001); Strawbridge et al., (2001) have found that attendance in religious practices has also been linked to better physical health. Levin and Vanderpool, (1991) also find out that religious involvement may affect the individual's *physical health*.

Mental wellbeing of both groups insignificantly correlated with religiosity, because in this fast pacing world everyone has the desire to achieve their goals according to their status; whereas Literate persons indulge to maintain their standard of living, as the same way illiterate individuals are involved to fulfill their needs by the limited resources. In this way both are more devoted towards their respective goals and they experience almost equal level of anxiety and pressure. Due to these demands of the time they have insufficient time to participate in religious practices and unfortunately they both are so far from their genuine peace and goals especially mental health. Whereas, Larson (2003) reported that 50 studies found relationships between religiosity and mental health, in which 74% reported a positive relationship, 16% reported a negative relationship, and 6% reported a neutral relationship. It means that, level of religiosity predicts the mental well-being depending upon participation in religious practices.

Social wellbeing of both group was found to be significantly different, it was noticed that illiterate persons are having better social wellbeing. In the present scenario, everyone wants to be more reserve and they do not like to spent their time for others as well as they prefer to work only for their own benefit, because they like to be ahead. But when we just think about illiterate people then we will find out that they are more conscious about their relatives, friends, neighbors and they feel glad to being volunteer for social services. For this reason, due to the more sharing, *social well-being* of illiterate individuals are found better as compare to Literate persons.

Emotional wellbeing of literate and illiterate persons is insignificantly correlated with religiosity. Now a days, most of the people think rationally they talk about their right not about their work, while religion teach us humanity and harmony but individuals are taking it according to their needs, due to lack of humanity among human being they lose the compact with emotional intelligence, therefore, they are unable to focus on empathy. Consequently they are having poor *emotional well-being*.

Spiritual well-being of Literate individual is more associated with religiosity as compare to Illiterate persons, because those who are literate they are able to read and understand a number of literature including holy/religious books. While those who are Illiterate, they have lack of knowledge/information. So, they are unable to learn independently. Hence, their Spiritual well-being poorly correlated with religiosity. Whereas researchers have found that religiosity includes showing belief in and reverence for God or a deity, as well as participation in activities pertaining to that faith such as attending services regularly and participating in other social activities with one's religious community. Koenig, (2001) & Santrock, (2002) found that Religiosity has been linked to a greater sense of *spiritual*

*well-being* as well as to the ability to better cope with stressful events in middle adulthood.

Mean difference table shows that there is a significant difference between Religiosity (t-value 15.57, 0.01) as well as Well-Being (t-value 12.50, 0.01) of Literate and Illiterate individuals, while Well-Being of Literate group is higher than the Illiterate group. When we compare the Religiosity and Well-being of both groups then we will find that there is a linear correlation between Religiosity and Well-being, it means that when Religiosity increase Well-being also increase and when Religiosity decreases Well-being also decrease. It can be seen that Simple Linear Regression table shows the correlation among Literate group between Religiosity and Well-being ( $R=0.437$ , 0.01) is significant while between Religiosity and Well-being among Illiterate group is ( $R=0.159$ ) insignificant. Hence, religiosity has its significant influence on well-being of literate person while insignificant impact on well-being of illiterate person.

## **Conclusion**

Consequently, It is concluded that well-being of literate persons is better than the illiterate individuals because religiosity has significant impact on well-being of literate individuals while, in illiterate individuals religiosity is insignificantly correlated with well-being. Therefore, religiosity does not influence the well-being of illiterate individuals. As mentioned in the beginning of the study that Literacy plays a very important role in terms of learning and understanding of the world. Similarly other literature related to human being or religion provides depth understanding regarding the relationship between the wellbeing and thinking patterns of literate individuals. It is also support to the finding that those who are literate they study/read several books through which they gain more knowledge and information including religious thoughts, these contents enhances their Well-being. On the other hand those who are illiterate are far away from these activities and direct approach until someone teach them. So, finding revealed that Literate persons are suppose to be more religious as well as having better well-being as compared to Illiterate individuals.

## **Suggestion**

The findings of study show a glimpse of the impact of Religiosity on Well-Being among the Literate group. However, more researches are needed to consider the impact of Religiosity on Well-Being among specific age groups in order to better understanding of the complexity of Well-Being issues. More research about the influence of Religiosity on more complex Well-Being dimensions, such as Physical, Mental, Social, Emotional and Spiritual Well-Being, in the Literate and Illiterate context is also desirable.

The findings in Literate and Illiterate could be compared with those found in other area of the world to decipher similarities and differences. Finally, research that involves bigger samples and also includes balanced representations of both genders in the study is needed to better understanding of richness of the Religiosity and Well-Being in a more balanced way.

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